

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE ASSISTED CARE WAUSAU (0009295)

Address: 210 WEST CAMPUS DRIVE, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 12/29/2001

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0096070 **End Date:** 11/15/2005 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009490 Served 12/22/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(n)4	FREE FROM PHYSICAL RESTRAINTS		

Survey ID: 0091626 **End Date:** 10/02/2003 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10005270 Served 12/05/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(a)	STAFFING PATTERNS	11/15/2005	Yes
83.21(4)(g)	FAIR TREATMENT	11/15/2005	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	11/15/2005	Yes
83.32(2)(d)	REVIEW OF PROGRESS	11/15/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 12/21/2005 **SOD #10009490** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.21(4)(n)4

Date: 12/02/2003 **SOD #10005270** **Appealed: No**

Sanctions

PROVIDE TRAINING
OTHER SANCTION
FORFEITURE---83.15(1)(a)
FORFEITURE---83.21(4)(p)
FORFEITURE---83.32(2)(d)

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